

Please type a plus sign (+) Inside this box → +

PTO/SB/21 (6-98)  
Approved for use through 09/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

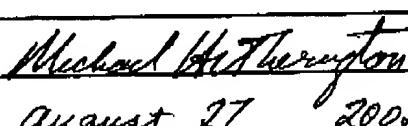
(to be used for all correspondence after initial filing)

		Application Number	09/ 504,327
		Filing Date	Feb 14, 2000
		First Named Inventor	Ericsson Zenith
		Group Art Unit	2773 2173
		Examiner Name	not assigned
Total Number of Pages in This Submission		Attorney Docket Number	KPI 2

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavite/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Request for Withdrawal as Attorney		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Woodside IP Law Group, Michael Hetherington	
Signature		
Date	August 27 2002	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: August 27, 2002

Typed or printed name	Michael Hetherington	
Signature		Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

101010

DECEIVE  
8-27-02# 2  
9-5-02  
B. HilliardPlease type a plus sign (+) inside this box → 

PTO/SB/83 (06-00)

Approved for use through 10/31/2002. OMB 0651-0036  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT

Application Number	09/504,327
Filing Date	Feb 14, 2000
First Named Inventor	Ericsson Zenith
Group Art Unit	2773
Examiner Name	not assigned
Attorney Docket Number	KPI 2

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Failure to pay several invoices for PCT and European Patent Office filings that were requested by Client.  
 Amount owed is approximately \$7000. Invoices have been outstanding for more than six months.  
 Non-responsive to my emails and emails of foreign associate to resolve the matter.

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

## CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number	<input type="text"/>	→	Place Customer Number Bar Code Label here		
OR					
<input type="checkbox"/> Firm or Individual Name	Dr. Steven Ericsson Zenith				
Address	1249 Lakeside Dr., Apt. 3046				
Address					
City	Sunnyvale	State	CA	ZIP	94086
Country	USA				
Telephone	(650) 957-5477	Fax	(408) 516-5477		

This request is enclosed in triplicate.

Name	Michael Hetherington				
Signature	<i>Michael Hetherington</i>				
Date	August 27, 2002				

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.